### FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received Official Use Only

AMENDMENT

A Public Document

Please type or print in ink	A Public	Document	2005	APR 11 A 0. 15
	IRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER
Carlisle	)avid	Murray		, 654-1606
MAILING ADDRESS STREET (May use business address)	CITY	· · · · · · · · · · · · · · · · · · ·	IP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
(may use business address)	Control the for the source species	Marine Commence		dcarlisl@oshpd.ca.gov
				dcariisi@osripu.ca.gov
1. Office, Agency, or Court		4. Schedule S	Summary	7
Name of Office, Agency, or Court:		(Check applicab	le schedules	or "No reportable interests.")
Office of Statewide Health Planning and De	velopment			lid you have any reportable
Division, Board, District, if applicable:		interests to disc	lose on:	
Director's Office		Schedule A-1		chedule attached
Your Position:		Investments (Less		
Director		Schedule A-2 Investments (10% of		chedule attached ship)
if filing for multiple positions, list additional position(s): (Attach a separate sheet if nec		Schedule B	Yes - s	chedule attached
		Real Property		
Agency:		Schedule C	X Yes − so     Business Pos	chedule attached itions (Income Other than Gifts and
Position:		Travel Payments)		mone (moone office and one and
		Schedule D (Elin	ninated – rep	ort loans on Schedule C)
2. Jurisdiction of Office (Check at leas	t one box)	Schedule E	Yes - so	chedule attached
State     State	·	Income – Gifts		•
County of	1	Schedule F Income - Travel P		chedule attached
☐ City of				
Multi-County			-or-	
Other		No reportab	le interests o	on any schedule
1	Тс	otal number of pa	ges	
3. Type of Statement (Check at least or	ne box).	ompleted includin	g this cover	page:
Assuming Office/Initial Date:/				
	04. 5	Verification		
through December 31, 2004.				
-or-	15			e in preparing this statement. If to the best of my knowledge
O The period covered is	through the		ined herein a	nd in any attached schedules
Leaving Office Date Left:/(Check one)				under the laws of the State
O The period covered is January 1, 2004, thr	4 1		/	/2 0
date of leaving office.	D;	ate Signed	001/	5 2005
O The period covered is	brough		(inol	ini, day, year)
O The period covered is/, the date of leaving office.	_ ,	ignature(File the	originally Signed's	statement with your filling official.)
☐ Candidate	·   L		- · · ·	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

➤ 1. NAME OF SOURCE OF INCOME	> 2.LOAN RECEIVED
University of California, Los Angeles	INTEREST RATE TERM (Months/Years)
ADDRESS 911 Broxton Plaza, Los Angeles, CA 90095-1736	%
BUSINESS ACTIVITY, IF ANY, OF SOURCE	SECURITY FOR LOAN
Assoc. Professor/General Internal Medicine	None Personal residence
YOUR BUSINESS POSITION	
Associate Professor on Leave	Real Property Street address
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	
	Guarantor
☐ \$10,001 - \$100,000 🔀 OVER \$100,000	-
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Other(Describe)
Sale of(Property, car, boat, etc.)	* You are not required to report loans from
(Property, car, boat, etc.)	commercial lending institutions, or any indebtedness
Commission or Rental Income, list each source of \$10,000 or more	created as part of a retail installment or credit card
	transaction, made in the lender's regular course of business on terms available to members of the
	public without regard to your official status.
Other(Describe)	Comments:
LOAN RECEIVED (complete box 2)	
> 1.NAME OF SOURCE OF INCOME	Manife and an
> 1.NAME OF SOURCE OF INCOME Sylvia Gates Carlisle, M.D., MBA	Verification
Sylvia Gates Carlisle, M.D., MBA  ADDRESS	Verification  Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION	Print Name Office, Agency or Court
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving  Gandidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE  1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's income Loan repayment	Print Name
Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE 1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 \$ OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary \$Spouse's income Loan repayment	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
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Sylvia Gates Carlisle, M.D., MBA  ADDRESS  Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE 1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 \$ OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary \$Spouse's income Loan repayment	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
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Sylvia Gates Carlisle, M.D., MBA  ADDRESS Health Plan of San Joaquin  BUSINESS ACTIVITY, IF ANY, OF SOURCE 1550 W. Fremont St., Ste. 200, Stockton, CA 95203  YOUR BUSINESS POSITION  Medical Director  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 \$ OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary \$\infty\$ Spouse's income \$\infty\$ Loan repayment  \$\infty\$ Sale of \$\infty\$ (Property, car, boat, etc.)	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
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CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

(Other than Gifts and Travel Payments)

ESPN Russell Racing

ADIDRESS

> 2.LOAN RECEIVED	ARE A PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.
INTEREST RATE	TERM (Months/Years)
% None	
SECURITY FOR LOAN	
☐ None ☐ Perso	onal residence
Real Property	
	Street address
· · <u>· · · · · · · · · · · · · · · · · </u>	City
Guarantor	
Other	(Describe)
created as part of a transaction, made in business on terms av	nstitutions, or any indebtedness retail installment or credit card the lender's regular course of railable to members of the to your official status.
Comments:	
Verification	
Print Name	:
Office, Agency	
or Court	
Statement Type 2004/20	005Annual Assuming Leaving  nnual Candidate
reviewed this statement and to contained herein and in any a	gence in preparing this statement. I have the best of my knowledge the information attached schedules is true and complete.
I certify under penalty of p California that the foregoin	perjury under the laws of the State of ang is true and correct.
Date Signed	(month, day, year)
Signature	
	•

CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

> 1. NAME OF SOURCE OF INCOME	> 2.LOAN RECEIVED
Thompson Physicians World	INTEREST RATE TERM (Months/Years)
ADDRESS N.I. 07004	%
150 Meadowland Pwy., Secaucus, NJ 07094	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF SOURCE	None Personal residence
YOUR BUSINESS POSITION	
Consultant	Real PropertyStreet address
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	City
□ \$500 - \$1,000 ⊠ \$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Other(Describe)
Salary Spouse's income Loan repayment	
Sale of(Property, car, boat, etc.)	* You are not required to report loans from
	commercial lending institutions, or any indebtedness
Commission or Rental Income, list each source of \$10,000 or more	created as part of a retail installment or credit card transaction, made in the lender's regular course of
	business on terms available to members of the
	public without regard to your official status.
Other(Describe)	Comments:
LOAN RECEIVED (complete box 2)	
> 1. NAME OF SOURCE OF INCOME	Verification
	Verification
NAMCP, Inc.	Verification Print Name
NAMCP, Inc.  ADDRESS 4435 Waterfront Dr., Ste. 101	Print Name
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE	Print NameOffice, Agency or Court
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060	Print Name  Office, Agency or Court  Statement Type  2004/2005 Annual  Assuming  Leaving
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060	Print NameOffice, Agency or Court
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print NameOffice, Agency or CourtStatement Type2004/2005 AnnualAssumingLeavingAnnualCandidate   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	Print NameOffice, Agency or Court
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Gien Alien, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving  Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
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NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print NameOffice, Agency or CourtStatement Type2004/2005 Annual Assuming Leaving
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print NameOffice, Agency or CourtStatement Type2004/2005 Annual Assuming Leaving
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print Name  Office, Agency or Court  Statement Type 2004/2005 Annual Assuming Leaving Candidate  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
NAMCP, Inc.  ADDRESS  4435 Waterfront Dr., Ste. 101  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Glen Allen, VA 23060  YOUR BUSINESS POSITION  Consultant  GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN  \$500 - \$1,000	Print NameOffice, Agency or CourtStatement Type2004/2005 Annual Assuming Leaving

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

7 I. MANUE OF SOURCE OF INCOME.	A STATE OF THE PARTY OF THE PAR
Universal Meeting Management	INTEREST RATE TERM (Months/Years)
ADDRESS 5401 Six Forks Road, Ste. 100	%
BUSINESS ACTIVITY, IF ANY, OF SOURCE Raleigh, NC 27609	SECURITY FOR LOAN    None
YOUR BUSINESS POSITION Consultant	Real Property
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	City
☐ \$500 - \$1,000	Guarantor
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income  Loan repayment	Other (Describe)
Sale of(Property, car, boat, etc.)	* You are not required to report loans from commercial lending institutions, or any indebtedness
Commission or Rental Income, list each source of \$10,000 or more	created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the
	public without regard to your official status.
Other (Describe)	Comments:
LOAN RECEIVED (complete box 2)	
1. NAME OF SOURCE OF INCOME	Verification
ADDRESS	Print Name
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Office, Agency or Court
YOUR BUSINESS POSITION	Statement Type 2004/2005 Annual Assuming Leaving Candidate
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$500 - \$1,000\$1,001 - \$10,000 \$10,001 - \$100,000OVER \$100,000	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income  Loan repayment	Date Signed(month, day, year)
Sale of(Property, car, boal, etc.)	Signature
Commission or Rental income, list each source of \$10,000 or more	
Other	
(Describe)  LOAN RECEIVED (complete box 2)	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

A M E N D M E N T

Medimedia Managed Care	INTEREST RATE TERM (Months/Years)
ADDRESS	%
USA 780 Township Line Rd., Yardley, PA 19067  BUSINESS ACTIVITY, IF ANY, OF SOURCE	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF SOURCE	None Personal residence
YOUR BUSINESS POSITION	
Consultant	Real PropertyStreet address
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	City
☐ \$500 - \$1,000 · ※ \$1,001 - \$10,000	
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	Guarantor
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Other(Describe)
☐ Salary ☐ Spouse's income ☐ Loan repayment	(2-3-7-2)
Sale of(Property, car, boat, etc.)	* You are not required to report loans from
(r roporty, con, aver, cre.)	commercial lending institutions, or any indebtedness
Commission or Rental Income, list each source of \$10,000 or more	created as part of a retail installment or credit card transaction, made in the lender's regular course of
	business on terms available to members of the
	public without regard to your official status.
Other(Describe)	Comments:
LOAN RECEIVED (complete box 2)	
> 1. NAME OF SOURCE OF INCOME	Verification
QTC Management, Inc.	Vermoation
ADDRESS	Print Name
P.O. Box 5679, Diamond Bar, CA 91765	Office, Agency
BUSINESS ACTIVITY, IF ANY, OF SOURCE	or Court
YOUR BUSINESS POSITION	Statement Type 2004/2005 Annual Assuming Leaving
Consultant	AnnualCandidate
00.100.100.1	1 1377
CDOSS INCOME DECEIVED/HIGHEST BALANCE DURING	I have used all reasonable diligence in preparing this statement. I have
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
REPORTING PERIOD, IF LOAN  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income Loan repayment  Sale of	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income Loan repayment  (Property, car, boat, etc.)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income Loan repayment  Sale of	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income Loan repayment  (Property, car, boat, etc.)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income Loan repayment  (Property, car, boat, etc.)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income Loan repayment  (Property, car, boat, etc.)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income  Loan repayment  (Property, car, boal, etc.)  Commission or  Rental Income, list each source of \$10,000 or more	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed
REPORTING PERIOD, IF LOAN  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income  Loan repayment  (Property, car, boal, etc.)  Commission or  Rental Income, list each source of \$10,000 or more	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed

## SCHEDULE E Income - Gifts



NAME OF SOURCE		> NAME OF SOURCE	a .
Wellpoint, Woodrow Myers, I	Executive VP		· ·
ADDRESS		ADDRESS	
			·
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF A	NY, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALU	E DESCRIPTION OF GIFT(S)
\$ 110.00	tickets to Dr. Sinkler	\$	<u> </u>
	Miller Assn. Annual	, , ,	
\$			
. / / "	Scholarhips Dinner		·
NAME OF SOURCE		> NAME OF SOURCE	
Dr. David Shapiro	<u> </u>		
ADDRESS		ADDRESS	
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF A	NY, OF SOURCE
		·	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUI	E DESCRIPTION OF GIFT(S)
DATE (IIII/Idd/yy)			
/	tickets to SF Giants	\$\$	
	2	*	
·	game	\$\$	
/			
NAME OF SOURCE		Verification	
NAME OF SOURCE		Vermoution.	
		Print Name	
ADDRESS .	•		
		Office, Agency or Court	
BUSINESS ACTIVITY, IF ANY, OF SOL	IRCE		
		Statement Type 2004/	2005 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	<u> </u>	Annual Candidate
		I have used all reasonable o	illigence in preparing this statement. I have
	······································	reviewed this statement and	to the best of my knowledge the information
			attached schedules is true and complete.
\$		I certify under penalty of California that the forego	perjury under the laws of the State of sing is true and correct.
		Camorina that the forego	
\$		Date Signed	
	.*		(month, day, year)
•		Signature	
		· . L	

Comments: \_

JAmensmens 1/30/06

Comments:

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR FOLITICAL PRACTICES COMMISSION
Name

David M. Carlisle

	\$ 004
➤ 1. BUSINESS ENTITY OR TRUST	> 1. Business entity or trust
Sylvia Gates Carlisle	
Name	Name
Address	Address
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
1 4100,001 - \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTIMIENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION Consultant	YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	A Impring the works Moore product who says would be
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
S0 - \$499 K \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$101,000 OR MORE (attach a separate sheet if necessary)
QTC Medical Group, Inc.	
> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	
Street Address or Assessor's Parcel Number of Real Property	Name of Business Entitly or Street Address or Asies: or's Parcel Number of Real Property
Description of Business Activity or	Description of the latest transfer of the lat
City or Other Precise Location of Real Property	Description of Business: Activity or City or Other Precise (Lo-ration of Real Property
FAIR MARKET VALUE IF APPLICABLE LIST DATE	5.000.005.5
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/IDsed of Trust Stock Partnership
Leasehold Other	Leasehold Yrs, remailing Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Amond mant 1/30/00

#### SCHEDULE C Income, Loans\* & Business Positions

CALIFORNIA FO		
Name David M. Carlisle	-	1

> 1. Name of source of income	200
	> 1. NAME OF SOURCE OF INCOME
University of California, Los Angeles	ESPN Russell Racing
ADDRESS	ADDRESS
911 Broxton Plaza, Los Angeles, CA 90095-1736	Sonoma, California
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assoc. Professor/General Internal Medicine	Racing
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Associate Professor on Leave	Driver, cart racing
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING	GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN	REPORTING PERIOD, IF LOAN
\$500 - \$1,000	☐ \$500 - \$1,000 🖾 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 図 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Spouse's income Loan repayment	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income
Sale of _~	Salary Spouse's income Loan repayment
(Property, car, boat, etc.)	Sale of
	(Property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	instance of \$10,000 or more
Other	Other
(Describe)	(Describe)
LOAN RECEIVED (complete box 2)	LOAN RECEIVED (complete box 2)
1. NAME OF SOURCE OF INCOME	<u> </u>
Health Plan of San Joaquin	
ADDRESS	INTEREST RATE TERM (Months/Years)
	%
1550 W. Fremont St., Ste. 200, Stockton, CA 95203	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	SECURITY FOR LOAN
YOUR BUSINESS POSITION	None Personal residence
	Real Property
Medical Director	Street address
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING	
REPORTING PERIOD, IF LOAN	City
\$500 - \$1,000 \$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000 🖾 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Other
Salary Spouse's income Loan repayment	(Describe)
Sale of	
(Property, car, boat, etc.)	* You are not required to report loans from
	commercial lending institutions, or any indebtedness
Commission or Rental Income, list each source of \$10,000 or more	created as part of a retail installment or credit card
	transaction, made in the lender's regular course of
	Dusiness on terms available to members of the
	public without regard to your official status.
Other	1
(Describe)	Comments: